

2356

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. **112**  
Registrar's No. **73**

1. Place of Death: (a) County Gravham (b) City or Town Pima (c) Location 506 Pylars (St. & No. (or) Name of Institution)  
(If outside city limits also write RURAL) In Arizona 60 yrs.  
(Specify whether years, months or days)  
(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community \_\_\_\_\_  
2. Usual Residence of Deceased: (a) State Ariz (b) County Gravham (c) City or Town Pima  
(If outside city limits also write RURAL)  
(d) Street No. \_\_\_\_\_; (e) If foreign born, in U. S. A. 86 yrs.  
3. (a) FULL NAME Rebecca F. Holliday (b) If veteran \_\_\_\_\_ (c) Social Security No. None  
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Widow  
6. (b) Name of husband or wife John Holliday 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased Feb. 9 1853  
(Month) (Day) (Year)  
8. AGE: Years 88 Months 6 Days 18 If less than one day  
hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bishop Stafford England  
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business Home

12. Name David H. Dall  
13. Birthplace England  
(City, town or county) (State or Country)

14. Maiden Name Clarkson  
15. Birthplace \_\_\_\_\_  
(City, town or county) (State or Country)

16. (a) Informant's own signature Gret Webb  
(b) Address Pima, Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Pima (c) Date Aug 29, 1941

18. (a) Embalmer's Signature \_\_\_\_\_  
(b) Funeral Director W. C. Rawson  
(c) Address Superior, Arizona

19. (a) Sept 9th, 1941  
(Date received local Registrar)  
(b) J. N. Stratton M.D.  
(Registrar's Signature)

20M 100% Reg 9/23/40 170 H Lopez

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 27, 1941  
TIME (Hour and minute) 7- P. M.

21. I hereby certify that I attended the deceased from May 20, 1941 to Aug 25, 1941;  
that I last saw him alive on Aug 25, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. W. Knight M. D.  
Address Superior Date signed Aug 28, 1941

DURATION  
Week

PHYSICIAN

Underline the cause to which death should be charged statistically.